

MONTANA LEGISLATIVE HISTORY

Chapter 558 19 91

Bill H 465 S _____ Original bill & history ✓ C

H. Committee on Labor & Employment Relations S. Committee on Labor & Employment Relations

Hearing Date(s) Feb 02 ✓ C

Hearing Date(s) Mar 12 ✓ C

Feb 16 ✓ C

Mar 19 ✓ C

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_____ C

Date Out Feb 18 ✓ C

Mar 20 ✓ C

Did this bill originate in an interim committee? ____ Yes ____ No

Committee _____

Report _____

DIED IN COMMITTEE

HB 464 INTRODUCED BY CROMLEY

ELECTION OF CITY AND MUNICIPAL JUDGES AT STATE GENERAL ELECTION

1/30 INTRODUCED
 1/30 REFERRED TO JUDICIARY
 1/30 FIRST READING
 2/11 HEARING
 2/11 TABLED IN COMMITTEE

HB 465 INTRODUCED BY THOMAS, ET AL

GENERALLY REVISE WORKERS' COMPENSATION LAW
 BY REQUEST OF DEPARTMENT OF LABOR & INDUSTRY

1/30	INTRODUCED		
1/30	REFERRED TO LABOR & EMPLOYMENT RELATIONS		
1/30	FIRST READING		
2/07	HEARING		
2/18	COMMITTEE REPORT—BILL PASSED AS AMENDED		
2/21	PLACED ON CONSENT CALENDAR		
2/23	3RD READING PASSED	98	0
TRANSMITTED TO SENATE			
2/25	FIRST READING		
2/25	REFERRED TO LABOR & EMPLOYMENT RELATIONS		
3/12	HEARING		
3/20	COMMITTEE REPORT—BILL CONCURRED AS AMENDED		
3/22	2ND READING CONCURRED	48	0
3/23	3RD READING CONCURRED	47	0
RETURNED TO HOUSE WITH AMENDMENTS			
4/09	2ND READING AMENDMENTS CONCURRED	97	0
4/10	3RD READING AMENDMENTS CONCURRED	99	0
4/18	SIGNED BY SPEAKER		
4/19	SIGNED BY PRESIDENT		
4/19	TRANSMITTED TO GOVERNOR		
4/23	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 558		

EFFECTIVE DATE: 7/01/91

HB 466 INTRODUCED BY BACHINI, ET AL.

REQUIRE NO PAROLE ELIGIBILITY FOR CERTAIN OFFENDERS

1/30	INTRODUCED		
1/30	REFERRED TO JUDICIARY		
1/30	FIRST READING		
1/30	FISCAL NOTE REQUESTED		
2/04	FISCAL NOTE RECEIVED		
2/04	FISCAL NOTE PRINTED		
2/13	HEARING		
2/14	TABLED IN COMMITTEE		
2/23	TAKEN FROM TABLE IN COMMITTEE AND PLACED ON 2ND READING		
2/26	2ND READING PASSED	60	38
2/27	3RD READING PASSED	60	39
TRANSMITTED TO SENATE			
2/27	REFERRED TO JUDICIARY		
3/04	FIRST READING		
3/11	HEARING		
3/16	TABLED IN COMMITTEE		
4/03	TAKEN FROM TABLE		
4/04	COMMITTEE REPORT—BILL CONCURRED AS AMENDED		
4/05	2ND READING CONCUR MOTION FAILED	24	25
4/05	2ND READING INDEFINITELY POSTPONED	27	20

1 HOUSE BILL NO. 465
 2 INTRODUCED BY Thomas D. Williams Blaylock
 3 BY REQUEST OF THE DEPARTMENT OF LABOR
 4 NATHAN Spencer unintended Spencer Spencer
 5 A BILL FOR AN ACT ENTITLED: "AN ACT TO PROVIDE THAT
 6 STATUTORY AND COMMON-LAW RULES OF EVIDENCE DO NOT APPLY TO
 7 DEPARTMENT OF LABOR AND INDUSTRY WORKERS' COMPENSATION
 8 HEARINGS; TO CHANGE THE REQUIREMENTS FOR FILING AND
 9 DISTRIBUTING CERTAIN DOCUMENTS; TO CHANGE THE IMPAIRMENT
 10 EVALUATION PROCEDURE; TO CHANGE PROVISIONS RELATING TO THE
 11 YEARLY MEDICAL SERVICES FEE SCHEDULES; TO CHANGE APPLICATION
 12 REQUIREMENTS FOR VOCATIONALLY HANDICAPPED BENEFITS; TO
 13 CLARIFY THAT WORKERS' COMPENSATION STATUTES RELATING TO THE
 14 VOCATIONALLY HANDICAPPED ALSO APPLY TO OCCUPATIONAL
 15 DISEASES; GRANTING THE DEPARTMENT DISCRETION AS TO THE SIZE
 16 OF THE SECURITY DEPOSITED BY AN EMPLOYER THAT SELF-INSURES;
 17 AMENDING SECTIONS 39-71-201, 39-71-306, 39-71-601,
 18 39-71-604, 39-71-605, 39-71-704, 39-71-711, 39-71-905,
 19 39-71-2106, 39-71-2401, 39-71-2410, 39-72-402, AND
 20 39-72-403, MCA; REPEALING SECTION 39-72-304, MCA; AND
 21 PROVIDING AN EFFECTIVE DATE AND AN APPLICABILITY DATE."
 22
 23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
 24 NEW SECTION. Section 1. Hearings -- rules of evidence.
 25 The statutory and common law rules of evidence do not apply

1 to a hearing before the department under this chapter.

2 **Section 2.** Section 39-71-201, MCA, is amended to read:

3 "39-71-201. Administration fund. (1) A workers'
 4 compensation administration fund is established out of which
 5 all costs of administering the Workers' Compensation and
 6 Occupational Disease Acts and the various occupational
 7 safety acts the department must administer are to be paid
 8 upon lawful appropriation. The following money collected by
 9 the department must be deposited in the state treasury to
 10 the credit of the workers' compensation administrative fund
 11 and must be used for the administrative expenses of the
 12 department:

13 (a) all fees and penalties provided in 39-71-205 and
 14 39-71-304;

15 (b) all fees paid for inspection of boilers and
 16 issuance of licenses to operating engineers as required by
 17 law;

18 (c) all fees paid from an assessment on each plan No. 1
 19 employer, plan No. 2 insurer, and plan No. 3, the state
 20 fund. The assessments must be levied against the preceding
 21 calendar year's gross annual payroll of the plan No. 1
 22 employers and the gross annual direct premiums collected in
 23 Montana on the policies of the plan No. 2 insurers, insuring
 24 employers covered under the chapter, during the preceding
 25 calendar year. However, no assessment of the plan No. 1

1 employer or plan No. 2 insurer may be less than \$200. The
 2 assessments must be sufficient to fund the direct costs
 3 identified to the three plans and an equitable portion of
 4 the indirect costs based on the ratio of the preceding
 5 fiscal year's indirect costs distributed to the plans, using
 6 proper accounting and cost allocation procedures. Plan No. 3
 7 must be assessed an amount sufficient to fund ~~its~~ the direct
 8 costs and an equitable portion of the indirect costs ~~as~~
 9 ~~referred-to-above of regulating Plan No. 3.~~ Other sources of
 10 revenue, including unexpended funds from the preceding
 11 fiscal year, must be used to reduce the costs before levying
 12 the assessments.

13 (2) The administration fund must be debited with
 14 expenses incurred by the department in the general
 15 administration of the provisions of this chapter, including
 16 the salaries of its members, officers, and employees and the
 17 travel expenses of the members, officers, and employees, as
 18 provided for in 2-18-501 through 2-18-503, as amended,
 19 incurred while on the business of the department either
 20 within or without the state.

21 (3) Disbursements from the administration money must be
 22 made after being approved by the department upon claim
 23 therefor."

24 **Section 3.** Section 39-71-306, MCA, is amended to read:

25 "39-71-306. Insurers to file summary reports of

1 benefits paid for injuries and statements of medical
 2 expenditures. Every insurer shall, on or before the 15th day
 3 of after each ~~and--every--month~~ state government fiscal
 4 quarter, file with the department:

5 (1) summary reports of benefits for all compensation
 6 payments made during the previous month state fiscal quarter
 7 to injured workers or their beneficiaries or dependents; and

8 (2) statements showing the amounts expended during the
 9 previous month state fiscal quarter for all medical,
 10 ~~surgical--and-hospital~~ services for injured workers ~~and--for~~
 11 ~~the-burial-of-deceased-workers."~~

12 **Section 4.** Section 39-71-601, MCA, is amended to read:

13 "39-71-601. Statute of limitation on presentment of
 14 claim -- waiver. (1) In case of personal injury or death,
 15 all claims must be forever barred unless presented in
 16 writing to the employer, or the insurer, ~~or-the--department,~~
 17 as the case may be, within 12 months from the date of the
 18 happening of the accident, either by the claimant or someone
 19 legally authorized to act for him in his behalf.

20 (2) The department may waive the time requirement up to
 21 an additional 24 months upon a reasonable showing by the
 22 claimant of:

- 23 (a) lack of knowledge of disability;
- 24 (b) latent injury; or
- 25 (c) equitable estoppel."

Section 5. Section 39-71-604, MCA, is amended to read:

"39-71-604. Application for compensation. (1) If a worker is entitled to benefits under this chapter, the worker shall file with the insurer ~~or--the--department~~ all reasonable information needed by the insurer to determine compensability. It is the duty of the worker's attending physician to lend all necessary assistance in making application for compensation and such proof of other matters as may be required by the rules of the department without charge to the worker. The filing of forms or other documentation by the attending physician does not constitute a claim for compensation.

(2) If death results from an injury, the parties entitled to compensation or someone in their behalf shall file a claim with the insurer ~~or--the--department~~. The claim must be accompanied with proof of death and proof of relationship, showing the parties entitled to compensation, certificate of the attending physician, if any, and such other proof as may be required by the department."

Section 6. Section 39-71-605, MCA, is amended to read:

"39-71-605. Examination of employee by physician -- effect of refusal to submit to examination -- report and testimony of physician -- cost. (1) (a) Whenever in case of injury the right to compensation under this chapter would exist in favor of any employee, he shall, upon the written

request of the insurer, submit from time to time to examination by a physician or panel of physicians, who shall be provided and paid for by such insurer, and shall likewise submit to examination from time to time by any physician or panel of physicians selected by the department.

(b) The request or order for such examination shall fix a time and place therefor, due regard being had to the convenience of the employee and his physical condition and ability to attend at the time and place fixed. The employee shall be entitled to have a physician present at any such examination. So long as the employee, after such written request, shall fail or refuse to submit to such examination or shall in any way obstruct the same, his right to compensation shall be suspended. Any physician or panel of physicians employed by the insurer or the department who shall make or be present at any such examination may be required to testify as to the results thereof.

(2) In the event of a dispute concerning the physical condition of a claimant or the cause or causes of the injury or disability, if any, the department, at the request of the claimant or insurer, as the case may be, shall require the claimant to submit to such examination as it may deem desirable by a physician or panel of physicians within the state or elsewhere who have had adequate and substantial experience in the particular field of medicine concerned

with the matters presented by the dispute. The physician or panel of physicians making the examination shall file a written report of findings with the department claimant and insurer for its their use in the determination of the controversy involved. The department requesting party shall pay the physician or panel of physicians for the examination ~~and shall be reimbursed by the party who requested it.~~

(3) This section does not apply to impairment evaluations provided for in 39-71-711."

Section 7. Section 39-71-704, MCA, is amended to read:

"39-71-704. Payment of medical, hospital, and related services -- fee schedules and hospital rates. (1) In addition to the compensation provided by this chapter and as an additional benefit separate and apart from compensation, the following must be furnished:

(a) After the happening of the injury, the insurer shall furnish, without limitation as to length of time or dollar amount, reasonable services by a physician or surgeon, reasonable hospital services and medicines when needed, and such other treatment as may be approved by the department for the injuries sustained.

(b) The insurer shall replace or repair prescription eyeglasses, prescription contact lenses, prescription hearing aids, and dentures that are damaged or lost as a result of an injury, as defined in 39-71-119, arising out of

and in the course of employment.

(c) The insurer shall reimburse a worker for reasonable travel expenses incurred in travel to a medical provider for treatment of an injury pursuant to rules adopted by the department. Reimbursement must be at the rates allowed for reimbursement of travel by state employees.

(2) ~~A relative value fee schedule for medical, chiropractic, and paramedical services provided for in this chapter, excluding hospital services, must be established annually by the department and become effective in January of each year. The maximum fee schedule must be adopted as a relative value fee schedule of medical, chiropractic, and paramedical services, with unit values to indicate the relative relationship within each grouping of specialties. Medical fees must be based on the median fees as billed to the state fund during the year preceding the adoption of the schedule. The state fund shall report fees billed in the form and at the times required by the department. The department shall adopt rules establishing relative unit values, groups of specialties, the procedures insurers must use to pay for services under the schedule, and the method of determining the median of billed medical fees. These rules must be modeled on the 1974 revision of the 1969 California Relative Value Studies. The department shall annually establish a schedule of fees for medical~~

1 nonhospital services necessary for the treatment of injured
 2 workers. The department may require insurers to submit
 3 information to be used in establishing the schedule.

4 (3) Beginning January 1, 1988, the department shall
 5 establish rates for hospital services necessary for the
 6 treatment of injured workers. Approved rates must be in
 7 effect for a period of 12 months from the date of approval.
 8 The department may coordinate this ratesetting function with
 9 other public agencies that have similar responsibilities.

10 (4) Notwithstanding subsection (2), beginning January
 11 1, 1988, through December 31, 1991, the maximum fees payable
 12 by insurers must be limited to the relative--value fee
 13 schedule established in January 1987. Notwithstanding
 14 subsection (3), beginning January 1, 1988, through December
 15 31, 1991, the hospital rates payable by insurers must be
 16 limited to those set in January 1988."

17 **Section 8.** Section 39-71-711, MCA, is amended to read:

18 *39-71-711. Impairment evaluation -- ratings. (1) An
 19 impairment rating:

20 (a) is a purely medical determination and must be
 21 determined by an impairment evaluator after a claimant has
 22 reached maximum healing;

23 (b) must be based on the current edition of the Guides
 24 to Evaluation of Permanent Impairment published by the
 25 American medical association; and

1 (c) must be expressed as a percentage of the whole
 2 person.

3 (2) A claimant or insurer, or both, may obtain an
 4 impairment rating from an evaluator who is a medical doctor
 5 or from an evaluator who is a chiropractor if the claimant's
 6 treating physician is a chiropractor. If the claimant and
 7 insurer cannot agree upon the rating, the mediation
 8 procedure in subsection-(3) part 24 of this chapter must be
 9 followed.

10 {3}--(a)--Upon--request--of--the--claimant--or--insurer,--the
 11 department--shall--direct--the--claimant--to--an--evaluator--for--a
 12 rating. The evaluator shall:

13 {i}--evaluate--the--claimant--to--determine--the--degree--of
 14 impairment,--if--any,--that--exists--due--to--the--injury,--and

15 {ii}--submit--a--report--to--the--department,--the--claimant,
 16 and--the--insurer;

17 {b}--Unless--the--following--procedure--is--followed,--the
 18 insurer--shall--begin--paying--the--impairment--award,--if--any,
 19 within--30--days--of--the--evaluator's--mailing--of--the--report:

20 {i}--Either--the--claimant--or--the--insurer,--within--15--days
 21 after--the--date--of--mailing--of--the--report--by--the--first
 22 evaluator,--may--request--that--the--claimant--be--evaluated--by--a
 23 second--evaluator,--if--a--second--evaluation--is--requested,--the
 24 department--shall--direct--the--claimant--to--a--second--evaluator,
 25 who--shall--determine--the--degree--of--impairment,--if--any,--that

exists due to the injury.

(ii) The reports of both examinations must be submitted to a third evaluator, who may also examine the claimant or seek other consultation. The three evaluators shall consult with one another, and then the third evaluator shall submit a final report to the department, the claimant, and the insurer. The final report must state the degree of impairment, if any, that exists due to the injury.

(iii) Unless either party disputes the rating in the final report as provided in subsection (6), the insurer shall begin paying the impairment award, if any, within 45 days of the date of mailing of the report by the third evaluator.

(4)(3) The department shall appoint impairment evaluators to render ratings under subsection (1). The department shall adopt rules that set forth the qualifications of evaluators and the locations of examinations. An evaluator must be a physician licensed under Title 37, chapter 3, except if the claimant's treating physician is a chiropractor, the evaluator may be a chiropractor who is certified as an evaluator under chapter 12. The department may seek nominations from the board of medical examiners for evaluators licensed under Title 37, chapter 3, and from the board of chiropractors for evaluators licensed under Title 37, chapter 12.

(5) The cost of impairment evaluations is assessed to the insurer, except that the cost of an evaluation under subsection (3)(b)(i) or (3)(b)(ii) is assessed to the requesting party.

(6)(4) A party may dispute a final impairment rating rendered under subsection (3)(b)(ii) by filing a petition with the workers' compensation court within 15 days of the evaluator's mailing of the report. Disputes over impairment ratings are not subject to 39-71-605 or to mandatory mediation.

(7) An impairment rating rendered under subsection (3) is presumed correct. This presumption is rebuttable.

Section 9. Section 39-71-905, MCA, is amended to read:

"39-71-905. Certification as vocationally handicapped.

A person who wishes to be certified as vocationally handicapped for purposes of this part shall apply to the department on forms furnished by the department. The department shall conduct an investigation and shall issue a certificate to a person who, in the department's discretion, meets the requirements for vocationally handicapped certification. An employee who is requesting reemployment may be certified as vocationally handicapped. An employee who is not employed at the time of application for certification must be certified as vocationally handicapped before entering new employment in order for the new employer

~~to receive the~~ A person shall apply for certification before employment or within 60 days after he becomes employed or reemployed and before an injury occurs that is covered by this part. The certification is effective on the date of employment or reemployment. Failure to apply before employment or within 60 days after employment or reemployment precludes the employer from the protection and benefits of this part."

Section 10. Section 39-71-2106, MCA, is amended to read:

"39-71-2106. Requiring security of employer. (1) (a) The department may require any employer who elects to be bound by compensation plan No. 1 to provide a security deposit. ~~Such~~ Except as provided in subsection (1)(b), the security deposit may be a surety bond, government bond, or letter of credit approved by the department and must be the greater of:

(a)(i) \$250,000; or

(b)(ii) an average of the workers' compensation liabilities incurred by the employer in Montana for the past 3 calendar years.

(b) ~~The department may require a larger deposit as additional evidence of solvency and financial ability to pay the liabilities provided by this chapter.~~

(2) If the department finds that an employer has lost

his solvency or financial ability to pay the compensation herein provided to be paid which might reasonably be expected to be chargeable to the employer during the fiscal year to be covered by the permission or that the employer is an association, corporation, or organization of individual employers seeking permission to operate under compensation plan No. 1, the department must require the employer, before granting to him permission or before continuing or engaging in such employment subject to the provisions of compensation plan No. 1, to give security in addition to the security described in subsection (1) for the payment of compensation, which security must be in such an amount as the department finds is reasonable and necessary to meet all liabilities of the employer which may reasonably and ordinarily be expected to accrue during the fiscal year.

(3) The security provided for in subsection (2) must be deposited with the department and may be a certain estimated percent of the employer's last preceding annual payroll or a certain percent of the established amount of his annual payroll for the fiscal year; or the security may be in the form of a bond or undertaking executed to the department in the amount to be fixed by it with two or more sufficient sureties, which undertaking must be conditioned that the employer will well and truly pay or cause to be paid all sums and amounts for which the employer shall become liable

1 under the terms of this chapter to his employees during the
 2 fiscal year; or such security may consist of any state,
 3 county, municipal, or school district bonds or the bonds or
 4 evidence of indebtedness of any individuals or corporations
 5 which the department deems solvent; and every such deposit
 6 and the character and amount of such securities shall at all
 7 times be subject to approval, revision, or change by the
 8 department as in its judgment may be required, and upon
 9 proof of the final payment of the liability for which such
 10 securities are given, such securities or any remaining part
 11 thereof shall be returned to the depositor.

12 (4) The department is liable for the value and
 13 safekeeping of all such deposits or securities and shall, at
 14 any time, upon demand of a bondsman or the depositor,
 15 account for the same and the earnings thereof."

16 **Section 11.** Section 39-71-2401, MCA, is amended to
 17 read:

18 "39-71-2401. Disputes -- jurisdiction -- evidence----
 19 settlement requirements -- mediation. (1) A dispute
 20 concerning benefits arising under this chapter or chapter
 21 72, other than the disputes described in subsection (2),
 22 must be brought before a department mediator as provided in
 23 this part. If a dispute still exists after the parties
 24 satisfy the mediation requirements in this part, either
 25 party may petition the workers' compensation court for a

1 resolution.

2 (2) A dispute arising under this chapter that does not
 3 concern benefits or a dispute for which a specific provision
 4 of this chapter gives the department jurisdiction must be
 5 brought before the department.

6 (3) An appeal from a department order may be made to
 7 the workers' compensation court.

8 ~~(4) The common law and statutory rules of evidence do~~
 9 ~~not apply in a case brought to hearing before the~~
 10 ~~department.~~

11 ~~(5)~~(4) Except as otherwise provided in this chapter,
 12 before a party may bring a dispute concerning benefits
 13 before a mediator, the parties shall attempt to settle as
 14 follows:

15 (a) The party making a demand shall present the other
 16 party with a specific written demand that contains
 17 sufficient explanation and documentary evidence to enable
 18 the other party to thoroughly evaluate the demand.

19 (b) The party receiving the demand shall respond in
 20 writing within 15 working days of receipt. If the demand is
 21 denied in whole or in part, the response shall state the
 22 basis of the denial.

23 (c) Upon motion of a party or upon the mediator's own
 24 motion, the mediator has the authority to dismiss a petition
 25 if he finds that either party did not comply with this

subsection. A decision dismissing a petition under this subsection must be in writing and must state in detail the grounds for dismissal. The mediator's decision may be reviewed by the workers' compensation court upon motion of a party.

(d) Nothing in this subsection relieves a party of an obligation otherwise contained in this chapter."

Section 12. Section 39-71-2410, MCA, is amended to read:

"39-71-2410. Limitations on mediation proceedings. (1) Except as may be necessary for the workers' compensation court to rule on issues arising under 39-71-2401~~(5)~~~~(c)~~ (4)(c) or 39-71-2411(7)(c), mediation proceedings are:

(a) held in private;

(b) informal and held without a verbatim record; and

(c) confidential.

(2) All communications, verbal or written, from the parties to the mediator and any information and evidence presented to the mediator during the proceeding are confidential.

(3) A mediator's files and records are closed to all but the parties.

(4) (a) A mediator may not be called to testify in any proceeding concerning the issues discussed in the mediation process.

(b) Neither the mediator's report nor any of the information or recommendations contained in it are admissible as evidence in any action subsequently brought in any court of law.

(5) Notwithstanding subsections (1) through (4), a mediator may issue a report and the parties and the mediator may be required to attend a conference before the workers' compensation court as set forth in 39-71-2411."

Section 13. Section 39-72-402, MCA, is amended to read:

"39-72-402. Practice and procedure -- applicability of Workers' Compensation Act. (1) Except as otherwise provided in this chapter, the practice and procedure prescribed in the Workers' Compensation Act applies to all proceedings under this chapter.

(2) Sections 39-71-304, 39-71-403, 39-71-406, 39-71-409, 39-71-411 through 39-71-413, and 39-71-742 and Title 39, chapter 71, part 9, which are contained in the Workers' Compensation Act, specifically apply to and are incorporated as part of this chapter."

Section 14. Section 39-72-403, MCA, is amended to read:

"39-72-403. Time when claims must be presented. (1) When a claimant seeks benefits under this chapter, his claims for benefits must be presented in writing to the employer, or the employer's insurer, ~~or the department~~ within 2 years from the date the claimant knew or should

1 have known that his total disability condition resulted from
2 an occupational disease. When a beneficiary seeks benefits
3 under this chapter, his claims for death benefits must be
4 presented in writing to the employer, or the employer's
5 insurer, ~~or the department~~ within 1 year from the date the
6 beneficiaries knew or should have known that the decedent's
7 death was related to an occupational disease.

8 (2) The department may, upon a reasonable showing by
9 the claimant or a decedent's beneficiaries that the claimant
10 or the beneficiaries could not have known that the
11 claimant's condition or the employee's death was related to
12 an occupational disease, waive the claim time requirement up
13 to an additional 2 years."

14 NEW SECTION. **Section 15.** Repealer. Section 39-72-304,
15 MCA, is repealed.

16 NEW SECTION. **Section 16.** Codification instruction.
17 [Section 1] is intended to be codified as an integral part
18 of Title 39, chapter 71, part 2 or 3, and the provisions of
19 Title 39, chapter 71, apply to [section 1].

20 NEW SECTION. **Section 17.** Applicability. [This act]
21 applies to injuries that occur on or after [the effective
22 date of this act].

23 NEW SECTION. **Section 18.** Effective date. [This act] is
24 effective July 1, 1991.

-End-

Questions From Committee Members:

REP. DAVE WANZENRIED asked Mr. Racicot if the bill was needed. Mr. Racicot said the bill would require refunds or credits that would probably be billed back into the actuarial tables and premiums for next year.

REP. JOHNSON asked Mr. Racicot what the Legislature does to an agency that doesn't follow the rules. Mr. Racicot said there could be admonishments, court actions, legislation, or a mandamus action to require that agency to comply with the laws as written.

HEARING ON HB 465Presentation and Opening Statement by Sponsor:

REP. FRED THOMAS, House District 62, stated HB 465 is a general Workers' Compensation revision bill requested by the Department of Labor. The bill clarifies that the rules of evidence will apply in a Workers' Compensation hearing. The State Fund must pay its costs to the Workers' Compensation assessment. It reduces claim reporting requirements to insurers, streamlines administration and expedites payments to claimants. The Department of Labor would be allowed to set medical fee schedules based on industry-wide data rather than only State Fund data. A time frame would be established for application for certification of vocationally handicapped under the Subsequent Injury Fund. The Department of Labor may require additional security from a Plan 1 or self-insured employer as evidence of solvency and ability to cover future liabilities. The bill amends the Occupational Disease Act to allow occupational disease claims to be paid from the Subsequent Injury Fund. He distributed an amendment. EXHIBIT 1

Proponents' Testimony:

Bob Jensen, Administrator, Department of Labor & Industry, presented written testimony. EXHIBIT 2

George Wood, Executive Secretary, Montana Self Insurers Association, stated support with the proposed amendments: 1. The amendment changes the title and requires the paying party to have a decision in who becomes a self insurer and the amount of security deposit required since the guarantee fund pays the benefits if a self insurer becomes bankrupt. 2. The section allowing the firing of an employee should be stricken but not the whole section. The section says there is a right to require a pre-employment physical. In the event that the occupational disease progresses normally without accidents, the employer is not responsible for the increase in the occupational disease due to its normal progression. For example, a person with an identified occupational disease may not be severe enough at the time for certification. It may be severe enough at a later date, but the person has gone to work by then. 3. A median billing

allows the fee to be increased by overcharging from the beginning. The old section should stay except for striking the median fee schedule and the State Fund. EXHIBIT 3

Pat Sweeney, State Fund, stated his support with the amendments of REP. THOMAS and Mr. Wood.

Christian Mackay, AFL-CIO, presented written testimony for Don Judge. EXHIBIT 4

Gene Fenderson, Montana State Building and Construction Trades Union, stated support of HB 465 along with the reservations of the AFL-CIO.

Opponents' Testimony: None

Questions From Committee Members:

REP. DRISCOLL said to Mr. Jensen on Pg. 10 the first, second, and third evaluators are removed and replaced with the language of 39-71-605 (Montana Codes Annotated), which is one doctor and a panel. Why is the injured worker limited to the panel instead of the three evaluators? Mr. Jensen said the advisory group felt the entire panel system was cumbersome and should be abolished and replaced.

REP. DRISCOLL asked Diana Ferriter, Department of Labor, if the Department would agree to an amendment to replace it with 39-71-605 (MCA) to say, if there was a disagreement with the first evaluator there is an option of a second evaluator. Ms. Ferriter said the language that brings the dispute process to the Department is being stricken. It is not being replaced with 39-71-605 (MCA). Even with the language deleted, at the bottom of Pg. 9, both a claimant and an insurer may still obtain an impairment rating from a physician. At that point, if there is a dispute over the ratings from parties of their choice, it goes to mediation. Three additional evaluations are being deleted that come before the Department. REP. DRISCOLL asked why the statistics on the burial of deceased workers are being stricken on Page 4, Lines 10-11. Ms. Ferriter said that the burial expense maximum is \$1,400, and that information is not used for statistical purposes. It is not used in the assessment for the insurers for the Rehabilitation Fund or the Subsequent Injury Fund. The information has been collected if insurers choose to submit it. There is an alternative method for statistics; the insurer has to make a \$1,000 assessment to the Uninsured Employers Fund when there is a fatality.

REP. DRISCOLL said to Mr. Wood during the interim in the study committee, the actuary said if nothing was done medical costs would rise at least 30 percent. Would your amendment stop that? Mr. Wood said no. REP. DRISCOLL asked what his amendments did. Mr. Wood said the amendment removes the method of mediation, which will automatically make it rise. There could be a continued

freeze on medical costs or place a limitation on it rising. REP. DRISCOLL asked if the bill could be amended so the costs would rise the same as what the injured worker receives. Mr. Wood said he would support the amendment if the Legislative Council indicates that the title is broad enough for it to be included.

Ms. McClure, LC Attorney, asked Mr. Wood whether his amendment was actually about amending the subsection regarding the discharge of the employee in Subsection (4) rather than to repeal the whole section. "During your testimony you said you didn't want the whole section repealed." Mr. Wood said yes. Ms. McClure said if his amendment was intended to delete only Subsection (4) which is unconstitutional, the proposed amendment striking the repealer of the section does not accomplish that. Mr. Wood said the amendment strikes the repealing of the whole section. If the Committee wanted to repeal only Subsection (4), he would support it, but it should be repealed if it stays as a whole section.

Ms. McClure asked Mr. Jensen if the whole section should be removed or if he agreed with Mr. Wood to leave in the subsection. Mr. Jensen said the whole section should be removed.

Closing by Sponsor:

REP. THOMAS closed HB 465.

HEARING ON HB 385

Presentation and Opening Statement by Sponsor:

REP. JERRY DRISCOLL, House District 92, stated HB 385 would change where the penalties and interest from the Unemployment Insurance Fund would go. Presently the money is put back in the trust fund. On Pg. 3 of HB 385 the penalties and interest collected would be paid into an account which would be used for enforcement of the act if the Appropriations Committee appropriated the money to it, if not the money would go back into the trust fund.

Proponents' Testimony:

Chuck Hunter, Department of Labor and Industry, stated his support for HB 385. EXHIBIT 5

Christian Mackay, AFL-CIO, presented written testimony for Don Judge. EXHIBIT 6

Gene Fenderson, Montana Building and Construction Trades Union, stated his support for HB 385.

Johnny Monahan, Director, Montana Ironworkers' Training Program, stated his support along with the recommendation of the AFL-CIO to include money for apprenticeship and training.

Montana.

Opponents' Testimony: None

Questions From Committee Members:

REP. SONNY HANSON asked SEN. THAYER if there was consideration to include Section 103 to define what constitutes a local or in-state corporation. SEN. THAYER said no. The bill is very narrow in scope.

REP. O'KEEFE asked Mr. Becker if the bid preference is changed would the bill affect the Washington Contractors to bid on out-of-state contracts. Mr. Becker said the bidding would be done more competitively. REP. O'KEEFE said many companies may receive more out-of-state work which would result in the work being so far from the central facility that it would leave Mr. Becker said no; presently the Washington Contractors have jobs in California, Nevada, and Arizona. REP. O'KEEFE stated that he fears companies leaving the state.

Mr. Lind said that Mr. Washington has a deep dedication to Montana and is committed to remain here. This bill will give the Washington Contractors the ability to remain in the state.

Closing by Sponsor:

SEN. THAYER said the bill is effective immediately upon passage and approval. There is a considerable amount of business that contractors are preparing to bid on, so upon passage of the bill there is the possibility of additional work that will benefit the people of Montana.

EXECUTIVE ACTION ON SB 11

Motion: REP. LEE MOVED SB 11 BE CONCURRED IN.

Discussion:

REP. HANSON said that surrounding states have a comparable law.

Vote: Motion carried unanimously.

REP. DRISCOLL will carry SB 11 in the House of Representatives.

EXECUTIVE ACTION ON HB 453

Motion/Vote: REP. DRISCOLL MOVED HB 453 DO PASS. Motion carried unanimously.

EXECUTIVE ACTION ON HB 465

Motion: REP. JOHNSON MOVED HB 465 DO PASS.

Discussion:

REP. DRISCOLL said he had a problem with the medical fee in the present law and the drafting of HB 465 even with the amendments. Since 1987 medical fees and benefits to the injured workers have been frozen. The freeze will be removed some time this year. At that time the benefits of injured workers will rise from \$299 per week up 6 to 7 percent. The testimony of the interim committee stated that under the present schedule doctor's fees will rise 30 percent. It should be amended so they can't get any more money than the injured worker. According to the actuary, the estimated payout from the Workers' Compensation Fund would escalate by 30 percent in the next year if something is not done. That is not affordable.

REP. WHALEN said the bill removed the requirement of the Rules of Civil Procedure and Evidence be adhered to. One of the reasons for the development of the body of the law of evidence is to guarantee that evidence brought before a court or administrative agency is trustworthy. If the Rules of Evidence are removed medical reports may have no foundation. There may be no opportunity for a claimant or lawyer to examine the doctor's report.

REP. JOHNSON withdrew his motion to give REP. WHALEN a chance to study the bill further.

CHAIR SQUIRES deferred Executive Action on HB 465.

EXECUTIVE ACTION ON HB 44

Motion: REP. DRISCOLL MOVED HB 44 BE TABLED.

Discussion:

REP. THOMAS said he agreed that the bill be tabled. If more information is obtained the bill could be taken from the table.

Vote: Motion carried 17 to 5 with REPS. WHALEN, LEE, O'KEEFE, FAGG, and DOLEZAL voting no.

ADJOURNMENT

Adjournment: 4:30 p.m.

HOUSE OF REPRESENTATIVES

LABOR AND EMPLOYMENT RELATIONS COMMITTEE

ROLL CALL

DATE 2/7/91

NAME	PRESENT	ABSENT	EXCUSED
REP. JERRY DRISCOLL	✓		
REP. MARK O'KEEFE	✓		
REP. GARY BECK	✓		
REP. STEVE BENEDICT	✓		
REP. VICKI COCCHIARELLA	✓		
REP. ED DOLEZAL	✓		
REP. RUSSELL FAGG	✓		
REP. H.S. "SONNY" HANSON	✓		
REP. DAVID HOFFMAN			✓
REP. ROYAL JOHNSON	✓		
REP. THOMAS LEE	✓		
REP. BOB PAVLOVICH			✓
REP. JIM SOUTHWORTH	✓		
REP. FRED THOMAS	✓		
REP. DAVE WANZENRIED	✓		
REP. TIM WHALEN	✓		
REP. TOM KILPATRICK, V.-CHAIR	✓		
REP. CAROLYN SQUIRES, CHAIR	✓		

EXHIBIT 1
DATE 2/7/91
HB 465

AMENDMENT TO HOUSE BILL 465
DEPARTMENT OF LABOR & INDUSTRY

On page 12, line 9 and 10, strike the words "or to mandatory mediation". This strikeout was overlooked in drafting the legislation.

The paragraph should read:

~~(6)(4) A party may dispute a final impairment rating rendered under subsection (3)(b)(ii) by filing a petition with the workers' compensation court within 15 days of the evaluator's mailing of the report.~~ Disputes over impairment ratings are not subject to 39-71-605 ~~or to mandatory mediation.~~

Testimony by Bob Jensen
HB-465

EXHIBIT 2
DATE 2/7/91
HB 465

P. 1 of 8

Madam Chair, members of the committee, my name is Bob Jensen.

I am an Administrator in the Department of Labor and Industry. HB-465 is a Department Bill which contains a number of unrelated issues pertaining to workers' compensation regulatory functions. This Bill does not deal with benefit levels or issues that would adversely affect claimants or employers. The Department feels that legislation affecting the rights of claimants or employers should be proposed by those advocacy groups.

We have discussed this bill with a Department ad hoc Advisory Council, which includes representation from claimants, employers, rehabilitation services and all three insurer groups- Plan 1, Self Insurers; Plan 2, Private carriers and Plan 3, the State Fund. Although all council members may not totally agree with every section of this Bill, I believe there is consensus that HB-465 is an appropriate Department Bill.

The Department drafted these legislative proposals with three considerations in mind. The first involves what we consider oversights in the drafting of SB-428, the 1989 reorganization Bill. This Bill abolished the former Workers' Compensation Division, established the State Fund as a separate entity attached to the department of Administration, and transferred the regulatory functions to Department of Labor and Industry. Section 2 (page 2) of this proposed legislation is needed to clarify what assessments against the State Fund the Department can make for the Workers' Compensation

EX 2
2-7-91
HB 465
pg 2 of 8

Administration Fund. Presently, the statute mandates the Department to assess the State Fund an amount to fund the State Fund's direct cost. This is very confusing language. Our amendment clarifys a drafting oversight and eliminates a potential funding dispute between the Department and the State Fund. It authorizes the Department to assess the State Fund in the same manner as the Department assesses self-insurers and private carriers for their direct costs and indirect costs of regulation.

The second oversight involves section 7(page 7). The current language of this section restricts the Department to establishment of a medical fee schedule that is based on the median fees billed to the State Fund. These data are costly and time-consuming to retrieve from the Fund's medical payment records, difficult to analyze because of absolute coding, and in some areas simply not available. The proposed language would allow the Department to take advantage of current fee schedule research now being conducted by various public and private organizations around the country. Our schedule would be developed in cooperation with all insurers- private insurers as well as the State Fund.

Our second consideration, in drafting this legislation, involves, what we believe to be, ambiguous language in the current statute. Section 9(page 12) and section 13 (page 18) refer to the Subsequent Injury Fund, which is a program designed to bring vocationally handicapped persons back into the workforce.

The section 9 amendment would clarify that an individual may be eligible for certification by the Subsequent Injury Fund if application is made prior to or within 60 days of employment. The Department has interpreted the current language to mean that an applicant is not eligible for certification unless he is unemployed or off work due to the impairment. Others dispute this interpretation and argue that an individual should be allowed to return to work pending certification. We are proposing this amendment to satisfy the intent of the Worker's Compensation Act regarding the return of injured workers to the workplace as soon as possible, rather than delay the return waiting for an administrative process to take place.

Section 13 provides for the inclusion of occupational disease benefits under the Subsequent Injury Fund to all claimants certified as vocationally handicapped by the Subsequent Injury Fund. The purpose of the Subsequent Injury Fund is to provide an incentive to employers to hire the handicapped by limiting liability to 104 weeks on subsequent injuries. Presently, occupational diseases are not covered by the Fund. This amendment would allow the subsequent Injury Fund to

to accept liability on occupational diseases after the

employer's insurer paid 104 weeks of benefits.

Section 15 repeals language that was intended to -----

~~39-72-304, MCA was intended to~~ limit an employer's liability for a worker's preexisting occupational disease, which is what the Subsequent Injury Fund does with preexisting injuries. It is an outdated section of law allowing an employer to require an applicant for employment to submit to a medical exam to determine if the applicant suffers from an OD. The report of the examining physician then must be sent to the DLI for approval or disapproval. If the report is disapproved, which would mean the employer would be liable for the worker's OD, the employer may discharge the applicant from employment without liability to him.

The Department is requesting a repeal of 39-72-304, MCA. Besides being a potential violation of the Human Rights Act (49-4-101), this section would not serve any purpose of limiting the liability of an employer hiring a worker suffering from an OD that would not be served by the amendments to in Section 13 (39-72-402, MCA). By including occupational disease in the Subsequent Injury Fund process, the employers and workers will have one procedure to request and employer liability can be more efficiently established.

~~Section 40. (Section 29-71-2106).~~

~~Section 10 (Prop 13)~~

This amendment allows the Department to require an applicant for self-insurance to place a larger deposit with the Department which demonstrates ability to pay or offers sufficient financial security.

The present law limits the amount of security deposits the Department may require and maintain from self-insurers. If the Department were

to require a security deposit in an amount larger than the law provides, and the self-insurer should become bankrupt, the difference could be seized as an asset by a bankruptcy court. Workers' compensation claimants are classified as unsecured creditors with no priority in a bankruptcy proceeding. The claimants may never receive benefits unless the security deposit maintained by the Department is sufficient.

Two previous self-insurers in Montana recently filed for Chapter 11 Reorganization and ceased making benefit payments to their Montana claimants. The deposits held by the Department may not be sufficient to cover outstanding liabilities.

This amendment would allow the Department to require a minimum deposit of \$250,000 or the average amount of incurred liabilities over the preceding three years, whichever is greater, and increase that deposit as necessary.

Section 3 (page 3) reduces and simplifys insurers reporting requirements to the Department regarding compensation and medical expenditures. The Department would collect qualitative data which is used to calculate the rehabilitation and subsequent injury fund assessments while streamlining the Department's procedures and reducing processing time. Presently, the statute requires monthly reporting of five categories. The amendment would require quarterly reporting of only two categories.

Section 4 (page 4), Section 5 (page 5) Section 6 (page 5) and Section 14 (page 18) remove the requirement that certain claims related forms be filed with the Department. The Department intends to diminish its role as a clearinghouse for documentation on Workers' Compensation claims. With this amendment, will encourage all parties to a claim (claimant, medical providers, etc.) to file documents with insurers. The insurers will then be required to file necessary documentation with the Department. This change will reduce benefit payment delays to claimants, payment delays to medical providers, and unnecessary tracking and record keeping performed by the Department now occuring under the present procedure.

Finally, Section 8 (page 9) repeals the Impairment Rating Dispute Resolution procedures administered by the Department. Insurers, claimants and medical providers voiced numerous complaints about the procedures.

The proposed legislation repeals a cumbersome and expensive

Our third consideration involves a streamlining of functions and setting forth new directions taken by the Department in the administration of the regulatory functions.

Section 1 (page 1), section 11 (page 15) and section 12 (page 17) provide that the statutory and commonlaw rules of evidence do not apply in contested case hearings before the department involving Workers' compensation contested cases or to mediation.

The bill's purpose is simply to make workers' compensation contested case hearings uniform with all other contested case proceedings before department hearing examiners. None of the other contested cases, including wage and hour, collective bargaining, unemployment insurance and grievances, is bound by the rules of evidence. The statute governing each of those proceedings specifically states that the rules of evidence do not apply.

The purpose in excluding department contested case proceedings from the formal rules of evidence is to provide for a more informal atmosphere in which unrepresented claimants, petitioners, grievants and respondents may represent themselves. To impose rigid rules of evidence on non-attorney petitioners and respondents would preclude their self-representation and force them to hire attorneys.

Ex. 2
2/7/91
HB 465
pg 2 of 8

procedure and provides for dispute resolution through a
mandatory mediation process. The purpose of the legislation
is to provide a resolution process within the Department, but
eliminate the burdensome and expensive process.

Amendments to House Bill No. 465
First Reading Copy

Requested by Representative Benedict
For the House Committee on Labor and Employee Relations

Prepared by Eddye McClure
February 7, 1991

1. Title, line 15.
Following: "DEPARTMENT"
Insert: ", WITH THE CONCURRENCE OF THE MONTANA SELF-INSURERS'
GUARANTY FUND,"
2. Title, line 20.
Following: "MCA;"
Strike: "REPEALING" through "MCA;"
3. Page 8, line 24.
Following: "~~Studies.~~"
Insert: "A relative value fee schedule for medical, chiropractic, and parmedical services provided for in this chapter, excluding hospital services, must be established annually by the department and become effective in January of each year. The maximum fee schedule must be adopted as a relative value fee schedule of medical, chiropractic, and paramedical services, with unit values to indicate the relative relationship within each grouping of specialties. The department shall adopt rules establishing relative unit values, groups of specialties, the procedures insurers are required to use to pay for services under the schedule, and the method of determining the medical fees. These rules must be modeled on the 1974 revision of the 1969 California Relative Value Studies."
4. Page 9, line 9.
Following: "responsibilities"
Insert: ", but services described in the relative value fee schedule may not be reimbursed at more than the relative value fee schedule rate regardless of where the services are performed"
5. Page 9, line 12.
Following: "~~relative value~~"
Insert: "relative value"
6. Page 13, line 22.
Following: "department"
Insert: ", with the concurrence of the Montana self-insurers'
guaranty fund,"
7. Page 19, lines 14 and 15.
Following: line 13
Strike: section 15 in its entirety
Renumber: subsequent sections



EXHIBIT 4
DATE 2/1/91
HB 465

DONALD R. JUDGE
EXECUTIVE SECRETARY

110 WEST 13TH STREET
P.O. BOX 1176
HELENA, MONTANA 59624

(406) 442-1708

Testimony of Don Judge on House Bill 465 before the House Labor and
Employment Relations Committee, February 7, 1991

Madam Chair and members of the Committee, for the record, I'm Don Judge, Executive Secretary of the Montana State AFL-CIO, here today to testify in support of House Bill 465.

The AFL-CIO does not oppose the changes proposed to workers' compensation in House Bill 465. However, we do have two concerns, and suggested amendments to the changes proposed in sections 4 and 5.

Under the provisions of HB 465, an injured worker would be required to file claims only with employers or their insurers. The Department of Labor and Industry would no longer be required to accept and record such claims. We disagree with this change.

We believe that an injured worker should continue to be able to file a claim with the department. In some instances, the injured worker may not know who the insurer is or, under the statute of limitations, may not have the opportunity to file with the employer or insurer. In addition, the worker may feel more comfortable in filing a claim with an unaffected party.

Since the department is required to maintain a list of employers and insurers, the department is the only dependable avenue that workers can count on to file a claim.

In light of these concerns, I would ask that you delete the amendments to the current law proposed in sections 4 and 5 of House Bill 465. With those minor corrections, we urge you to support House Bill 465.

Thank you.



EXHIBIT 4
DATE 2/1/91
HB 465

DONALD R. JUDGE
EXECUTIVE SECRETARY

110 WEST 13TH STREET
P.O. BOX 1176
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Since the department is required to maintain a list of employers and insurers, the department is the only dependable avenue that workers can count on to file a claim.

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Thank you.

**HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER**

Labor & Employment Relations

COMMITTEE

BILL NO. 465

DATE 2/7/91

SPONSOR(S) Rep. Fred Thomas

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
CHRISTIAN HACKAY On Behalf of Don Judge	AFL-CIO	✓	
Bob Jensen	Department of Labor	✓	
John E Caldwell	Local 400	✓	
George Wood	Mt Self Insur Assoc	amended	
Pat Sweeney	State Assoc	✓	
Riley Johnson	NFIB	Amended	
Exeter Assoc Box 702	Mt St Bly Trades	✓	
Bonnie Tapp	Mt Chis Assoc		
jacqueline N. Terrell	Am. Ins. Assoc.	✓ w/ amts	

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 52nd LEGISLATURE - REGULAR SESSION

COMMITTEE ON LABOR & EMPLOYMENT RELATIONS

Call to Order: By **CHAIR CAROLYN SQUIRES**, on February 16, 1991,
at 3:00 p.m.

ROLL CALL

Members Present:

Carolyn Squires, Chair (D)
Tom Kilpatrick, Vice-Chairman (D)
Gary Beck (D)
Steve Benedict (R)
Vicki Cocchiarella (D)
Ed Dolezal (D)
Jerry Driscoll (D)
Russell Fagg (R)
H.S. "Sonny" Hanson (R)
David Hoffman (R)
Mark O'Keefe (D)
Bob Pavlovich (D)
Jim Southworth (D)
Fred Thomas (R)
Dave Wanzenried (D)

Members Absent:

Royal Johnson (R)
Thomas Lee (R)
Tim Whalen (D)

Staff Present: Eddy McClure, Legislative Council
Jennifer Thompson, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

EXECUTIVE ACTION ON HB 465

Motion: REP. THOMAS MOVED HB 465 DO PASS.

Motion: REP. THOMAS moved to amend HB 465. EXHIBIT 1, NUMBERS 1-8 AND 10-11. He explained the amendments, including: Number 8 coordinates HB 465 with HB 837, and Number 10 causes the impairment process to go through mediation.

Vote: Motion to amend carried unanimously.

Motion: REP. THOMAS MADE A SUBSTITUTE MOTION THAT HB 465 DO PASS AS AMENDED.

Discussion:

REP. O'KEEFE said there are a number of REP. WHALEN'S amendments that haven't been moved because REP. THOMAS didn't want them. REP. WHALEN will probably finish amending HB 465 on the floor of the House. REP. THOMAS said there was only one of REP. WHALEN'S amendments that was not moved. REP. O'KEEFE asked REP. THOMAS if no additional amending was done to HB 465, would REP. WHALEN support the bill. REP. THOMAS guessed that he would.

REP. DRISCOLL asked Ms. McClure if the amendments put the Department back into compliance with the law. Ms. McClure said yes.

Vote: HB 465 DO PASS AS AMENDED. Motion carried unanimously.
EXHIBIT 2

EXECUTIVE ACTION ON HB 110

Ms. McClure presented and explained amendments. **EXHIBIT 3**

Motion: REP. WANZENRIED moved to amend HB 110.

Discussion:

REP. THOMAS stated REP. WANZENRIED worked with REP. GILBERT on the amendments and they are compatible.

REP. DRISCOLL said the bill as amended allows drug testing for pre-employment and anytime without reasonable cause. Ms. McClure said the drug testing would be a condition of employment or if the employer has reason to believe employee's faculties are impaired. REP. DRISCOLL stated he would never vote for random testing unless the truck driver could ask for a test from his boss.

REP. O'KEEFE said he supported the bill if it limited the testing to reasonable cause, renewal of license, and pre-employment but not random testing.

REP. WANZENRIED said to REP. DRISCOLL that it wasn't his intention to have random drug testing in the bill. It is a condition of employment and renewal of license. REP. DRISCOLL said Page 2, Line 5, says as a condition for continuation of employment, an employee must submit to a test. That allows testing to be done anytime by the employer without reason.

REP. HANSON said Page 1, Line 18, says, "May not require as a condition of continuation of employment." REP. DRISCOLL said the exception is truck drivers. Ms. McClure said the amendment on Page 2, Line 2, which says except for employment in jobs involving the "intra-state" commercial transportation, changes that. REP. DRISCOLL asked Ms. McClure if the bill required the \$300 test. Ms. McClure said she didn't know.

EXECUTIVE ACTION ON HB 385

Motion/Vote: REP. DRISCOLL MOVED HB 385 DO PASS. Motion carried unanimously.

EXECUTIVE ACTION ON HB 465

Motion: REP. WHALEN MOVED TO RECONSIDER ACTION ON HB 465. Motion carried unanimously.

Motion: REP. WHALEN moved to amend HB 465.

Discussion:

REP. WHALEN explained that the amendment, Page 10, Line 5 provides that both a medical doctor and a chiropractor can be evaluators. It limits chiropractors to be evaluators only in the circumstance where a chiropractor is the treating physician of the claimant.

REP. JOHNSON asked REP. WHALEN how the problem would be handled if it was out of the scope of the chiropractor. REP. WHALEN said the language includes the word "or," so an impairment rating would not be accepted from a chiropractor on parts of the body he is not familiar with. Presently, if the treating physician is a chiropractor, an impairment rating is requested from a doctor. It should work both ways. If the treating physician is a medical doctor and an impairment rating is needed on a person's lower back, the claimant should be able to get an impairment rating from a chiropractor. The ratings would then be given to the panel, and the panel would make a decision.

REP. DRISCOLL suggested to REP. WHALEN that his amendment be reworded to say "obtain an impairment rating from an evaluator who is a medical doctor if he is the treating physician, or from an evaluator who is a chiropractor if he is the treating physician." There is concern that chiropractors will be evaluating head injuries.

REP. WHALEN proposed a substitute amendment that would do the same as previously stated but also would contain language that would say if the injury in question is one that deals with the part of the body that a chiropractor is also capable of rendering an opinion for an impairment rating.

REP. THOMAS asked Ms. McClure to draft the amendment and okay it with him and Rep. Whalen.

Motion/Vote: REP. WHALEN MADE A SUBSTITUTE MOTION TO AMEND HB 465. EXHIBIT 1, Number 9. Motion carried unanimously.

LABOR AND EMPLOYMENT RELATIONS COMMITTEE

DATE 2/16/91

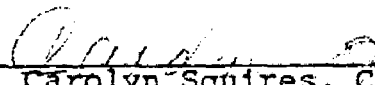
[illegible]

HOUSE STANDING COMMITTEE REPORT

February 18, 1991

Page 1 of 2

Mr. Speaker: We, the committee on Labor report that House Bill 465 (first reading copy -- white) do pass as amended.

Signed: 
Carolyn Squires, Chairman

And, that such amendments read:

1. Title, lines 8 through 9.

Following: "HEARINGS;"

Strike: remainder of line 8 through "DOCUMENTS;" on line 9

2. Title, line 17.

Following: "39-71-306,"

Strike: "39-71-601,"

3. Title, lines 19 and 20.

Following: "39-71-2410" on line 19

Insert: "AND"

Following: "39-72-402,"

Strike: "AND"

Following: line 19

Strike: "39-72-403,"

4. Page 4, lines 12 through 25.

Strike: section 4 in its entirety

Renumber: subsequent sections

5. Page 6, lines 7 and 8.

Following: "place"

Strike: "therefor, due"

Insert: "for the examination, with"

Following: "regard"

Strike: remainder of line 7 through "employee and" on line 8

Insert: "for the employee's convenience,"

Following: "condition"

Insert: ", "

Following: "and"

Insert: "his"

6. Page 6, line 9.

Strike: "fixed"

Insert: "that is as close to the employee's residence as is practical"

7. Page 7, line 12.

Following: "rates"

Insert: "-- fee limitation"

8. Page 9, line 16.

Following: "1988."

Insert: "After December 31, 1991, the percentage increase in medical costs payable under this chapter may not exceed the annual percentage increase in the state's average weekly wage as defined in 39-71-116."

9. Page 10, lines 5 and 6.

Following: "chiropractor" on line 5

Strike: remainder of line 5 through "chiropractor" on line 6

Insert: "if the injury falls within the scope of chiropractic practice"

10. Page 12, lines 9 and 10.

Following: "39-71-605" on line 9

Strike: remainder of line 9 through "mediation" on line 10

11. Page 18, line 20 through page 19, line 13.

Strike: section 14 in its entirety

Renumber: subsequent sections

Amendments to House Bill No. 465
First Reading Copy

Requested by Rep. Driscoll
For the House Committee on Labor and Employee Relations

Prepared by Eddye McClure
February 12, 1991

1. Title, lines 8 through 9.
Following: "HEARINGS;"
Strike: remainder of line 8 through "DOCUMENTS;" on line 9
2. Title, line 17.
Following: "39-71-306,"
Strike: "39-71-601,"
3. Title, lines 19 and 20.
Following: "39-71-2410" on line 19
Insert: "AND"
Following: "39-72-402,"
Strike: "AND"
Following: line 19
Strike: "39-72-403,"
4. Page 4, lines 12 through 25.
Strike: section 4 in its entirety
Renumber: subsequent sections
5. Page 6, lines 7 and 8.
Following: "place"
Strike: "therefor, due"
Insert: "for the examination, with"
Following: "regard"
Strike: remainder of line 7 through "employee and" on line 8
Insert: "for the employee's convenience,"
Following: "condition"
Insert: ", "
Following: "and"
Insert: "his"

EXHIBIT 2
DATE 2/16/91
HB 465

HOUSE OF REPRESENTATIVES
LABOR AND EMPLOYMENT RELATIONS COMMITTEE

ROLL CALL VOTE

DATE 2/16 BILL NO. 465 AS NUMBER _____
MOTION: AMENDED

NAME	AYE	NO
REP. JERRY DRISCOLL	✓	
REP. MARK O'KEEFE	✓	
REP. GARY BECK	✓	
REP. STEVE BENEDICT	✓	
REP. VICKI COCCHIARELLA	✓	
REP. ED DOLEZAL	✓	
REP. RUSSELL FAGG	✓	
REP. H.S. "SONNY" HANSON	✓	
REP. DAVID HOFFMAN	✓	
REP. ROYAL JOHNSON	✓	
REP. THOMAS LEE	✓	
REP. BOB PAVLOVICH	✓	
REP. JIM SOUTHWORTH	✓	
REP. FRED THOMAS	✓	
REP. DAVE WANZENRIED	✓	
REP. TIM WHALEN	✓	
REP. TOM KILPATRICK, VICE-CHAIRMAN	✓	
REP. CAROLYN SQUIRES, CHAIR	✓	
TOTAL		

Rep. Southworth had Rep. Whalen's proxy vote

Closing by Sponsor:

Representative Squires closed. She requested Senator Doherty carry House Bill 712 to the Senate.

HEARING ON HOUSE BILL 465Presentation and Opening Statement by Sponsor:

Representative Fred Thomas told the Committee House Bill 465 makes revisions to the workers' compensation law. It will clarify rules of evidence will not apply in a workers' compensation hearing, allowing hearing to be more formal and less costly. The state fund will pay its fair share of both direct and indirect costs to the workers' compensation assessment. It reduces claims reporting requirements to insurers, streamlines administration, expedites payments to claimants, allows the department of labor to accept medical fee schedules based upon the industry data rather than solely the state fund data, revises the procedure for resolving disputes over impairment ratings, establishes a time frame for application or certification as vocational handicapped, requires the department of labor require additional security under Plan 1 or a self-insurer, amends the occupational disease act and allows optional occupational disease claims be paid from the subsequent injury fund, and repeals outdated procedures.

Proponents' Testimony:

Bob Jensen of the Department of Labor and Industry told the Committee House Bill 465 is at the request of the department. It contains a number of unrelated issues pertaining to the workers' compensation regulatory functions. It does deal with benefit levels or issues which would adversely effect claimants or employers. He explained House Bill 465 was discussed with an ad hoc advisory committee including representation from claimants, attorneys, rehabilitation services, and all three insurer groups. Although all council members may not totally agree with every section there was consensus House Bill 465 is an appropriate department bill.

Mr. Jensen told the Committee there were three considerations when drafting the legislation:

- 1) Drafting oversights in Senate Bill 428 (1989 reorganization bill). SB 428 abolished the workers' compensation division, established the state fund as a separate entity and transferred the regulatory function to the Department of Labor and Industry. He explained Section 2 is needed to clarify what assessments against the state fund the department can make for the workers' compensation administration fund. Presently the statute mandates the department "assess the state fund an amount to fund the

state funds direct cost". The amendment clarifies a drafting oversight and eliminates a potential funding dispute between the department and the state fund. It authorizes the department to assess the state fund in the same manner as the department assesses self-insurers and private carriers for their cost of regulation.

- 2) Section 6, Page 7. The current language of the section restricts the department to establishment of a medical fee schedule based on the medium fees billed to the state fund. The data is costly and time consuming to retrieve from the funds records. He explained it may not meet the intent of Senate Bill 428 by requesting information only from the state fund. The proposed language would allow the department to take advantage of current fee schedule research now being conducted by various public and private organizations. The schedule would be developed in cooperation with all insurers. Several of the insurers have some problem with this language. Mr. Jensen suggested a task force be established to ensure various insurers have input in how the fee schedule is established. Section 8, Page 12 and Section 12, Page 18. These refer to the subsequent injury fund, which is a program designed to bring vocationally handicapped persons into the workforce. The Section 8 amendment would clarify an individual may be eligible for certification by the subsequent injury fund if application is made prior to or within 60 days of employment. The department has interpreted the current language to mean an applicant is not eligible for certification unless unemployed or off work due to impairment. This interpretation has been disputed. It has been argued an individual should be allowed to return to work pending certification. The amendment is proposed to satisfy the intent of the workers' compensation act regarding the return of injured workers to work rather than delay the return waiting for an administrative process to take place. Section 12 provides for an inclusion of occupational disease benefits under the subsequent injury fund to all claimants certified as vocational handicapped by the subsequent injured fund. The purpose of the subsequent injury fund is to provide an incentive to employers to hire the handicapped by limiting liability to 104 weeks on subsequent injuries. Presently occupational diseases are not covered by the fund. He explained this amendment would allow the subsequent injury fund to accept liability on occupational diseases after the employer's insurer paid 104 weeks of benefits. Section 13 Page 19 repeals language which was intended to limit an employers liability for worker's pre-existing occupational disease. This is what the subsequent injury fund does with pre-existing injured. He commented it is an outdated section of law to allow an employer to require an applicant for employment to submit to a medical exam to determine if the applicant suffers from an occupational disease. The report of the examining physician

must be sent to the department for approval or disapproval. If the report is disapproved the employer would be liable for the worker's occupational disease, the employer may discharge the applicant from employment, perhaps without liability. By including occupational disease in the subsequent injury fund process, employers and workers would have one procedure to utilize. Employer liability can be more efficiently established. Section 9 Page 13 allows the department to require an applicant for self-insurance to place a larger deposit with the department which demonstrates ability to pay, or offers sufficient financial security. He commented the present law limits the amount of security deposits the department may require and maintain from self-insurers. If the department were to require a security deposit in an amount larger than the law provides, and the self-insurer should become bankrupt, the difference could be seized as an asset by a bankruptcy court. Workers' compensation claimants are classified as unsecured creditors with no priority in a bankruptcy proceeding. The claimants may never receive benefits unless the security deposit maintained by the department is sufficient. Two previous self-insurers in Montana recently filed for Chapter 11 reorganization and ceased making benefits payments to their Montana claimants. The deposits held by the department may not be sufficient to cover the outstanding liabilities. He explained the amendment would allow the department to require a minimum deposit of \$250,000 or the average amount of incurred liabilities over the preceding three years whichever is greater, and increase the deposit as necessary.

- 3) Streamlining of functions and setting new directions taken by the department in the administration of the regulatory function. Section 1 Page 1; Section 10 page 15; Section 11 Page 17 provide the statutory and common law rules of evidence do not apply in contested case hearing before the department involving workers' compensation contested cases, or to mediation. He told the Committee the purpose is to make workers' compensation contested case hearings uniform with all other contested case hearings the department conducts, i.e., wage and hour, collective bargaining, unemployment insurance, and grievances. He explained none of these procedures are bound by the rules of evidence. The intend is to also exempt the workers' compensation hearings. Section 3 Page 4, reduces and simplifies insurers recording requirements to the department regarding compensation and medical expenditures. The department would collect qualitative data which is used to calculate the rehabilitation and subsequent injury fund assessments while streamlining the departments procedures and reducing processing time. The statute presently requires monthly reporting of five categories. The amendment would require quarterly reporting of only two categories. He pointed to stricken language Section 4 Page 4, a new section 4 Page 5. Section 5 Page 5 and the stricken Section 14 Page 19. These

remove the requirement certain claims be filed with the department. He explained the department contends to diminish its role as a clearing house for documentation on workers' compensation claims. The purpose being to shift the focus of claims reporting from the department to the insurers. He commented administratively initiatives have been taken which will result in approximately 33% reduction in paper flow. He asked for legislative approval to go further in this regard. He explained this area was amended by the House Labor Committee. The amendments were struck from the bill after hearing testimony from claimants representatives who believe it is the proper role of the department to be a clearing house for workers' compensation claims. Section 7 Page 9 repeals the impairment rating dispute resolution procedures administered by the department. Insurers, claimants, and medical providers voice numerous complaints about these procedures. The proposed legislation repeals a cumbersome and expensive procedure and provides for dispute resolution through the mandatory mediation process. The mediation process was initiated by the 1987 legislature. It has consistently resolved approximately 70%.

George Wood, Executive Secretary of the Self-Insurers Association told the Committee he agrees in part. He suggested an amendment on Page 14, Line 4 by striking the word "require" and inserting "accept". He explained a situation in which an employer wished to self-insure in Montana and offered a security deposit in the amount of \$500,000. The department's attorney concluded since the department could not require more than \$250,000, they could not accept more than \$250,000. He pointed to Section 2, Page 14, Line 7 which gives the department the authority to require additional security deposits under certain circumstances. If the wording is changed on Line 4 the department will be allowed to accept more than the maximum and there is still a guarantee the department can require a greater deposit. He commended the department for clarifying the sections dealing with paperwork, certification and the occupational disease act, and the agreement on the medical section.

Michael Sherwood, representing the Montana Trial Lawyers Association spoke in support of House Bill 465. He told the Committee he would support the amendment suggested by Mr. Wood. He explained the language about the rules of evidence not being applicable only apply to mediation. It will now apply to all workers' compensation hearings which will give the department more discretion on how to handle the hearings. Rules of evidence do increase expense and time. He commented the system has gotten too complex. He explained there were comments by claimant's representatives wishing the department still have control specifically in the area of the statute of limitations and areas dealing with occupational disease. He told the Committee he spoke with John Whiston (an attorney in Missoula). In 1986 and 1987 before the occupational disease law changed there were 33

hearings. In 1987-88 there were 105; 1988-89, 248; 1989-90, 442. He cited an example of an individual injuring his back on the job today is a workers' compensation injury; an individual injuring his back yesterday, and then again today, may be considered an occupational disease. Benefits could be only 25% of what it would be with a workers' compensation injury. He believes a problem is developing and believes claimant attorneys want the department to continue to monitor this.

Pat Sweeney of the State Compensation Mutual Insurance Fund spoke in support of House Bill 465.

Opponents' Testimony:

NONE.

Questions From Committee Members:

Senator Towe asked about hearings in which the rules of evidence are applicable under current law. Diane Ferriter of the Department of Labor and Industry told the Committee before the department there are two hearings which can come there depending upon the dispute. She explained these are mediation and contested case hearings. Both appeal processes from there belong to the workers' compensation court.

Senator Towe asked if there were any change in House Bill 465 over existing law. Ms. Ferriter stated this were true. House Bill 465 removes it from the mediation process making it applicable to mediation and contested cases. She explained contested case hearings are held on disputes of department orders. Mediation is held to resolve disputes concerning benefit issues between insurers and claimants.

Senator Towe asked Ms. Ferriter about the nature of such department orders. She explained these could be orders regarding settlement, approving or denying settlement, the subsequent injury fund, the uninsured employers fund, etc.

Senator Towe asked Ms. Ferriter why is the physical examination section being repealed (Section 13). Ms. Ferriter explained the section being repealed is a statute under the occupational disease law which allows an employer to have an employee submit to a physical examination to determine whether or not they have an occupational disease. That evaluation is conducted through the department. There is language which states the department will review the evaluation and render an order. It does not say what the order will say. It is not clear if the determination is whether there was an occupational disease or not. If the department does not approve the order the employer can terminate the worker. She commented it is a section of law which has never been requested, is unclear, and the department believes it is not needed with the amendments to the subsequent injury fund which limits employers liabilities.

Senator Towe asked about Section 6. He commented the previous law allowed the establishment of a fee schedule. Ms. Ferriter explained the current law requires the department to use the preceding twelve month status on the state compensation insurance fund database. From this information medium fees are established. The process in retrieving this information is expensive and time consuming. She stated there are nationally recognized relative-unit value schedules which could be used.

Senator Pipinich asked Bob Jensen about changing the language on Page 14, Line 4 from "required" to "accept". Mr. Jensen told the Committee the department's position is there could be three different efforts to change the section. He explained Senate Bill 28 (which is the concurrence bill) deletes this entire section. He told the Committee the department would object to such an amendment.

Senator Towe asked George Wood why it is the language change on Page 14, Line 4 necessary. Mr. Wood told the Committee if it is "may accept", it is a voluntary presentation of an additional security deposit by the employer seeking.

Senator Pipinich asked Ms. Ferriter to comment. Ms. Ferriter explained the department believes it is necessary to have the discretion to ask for a larger deposit is because of recent experience with self-insurers who declared bankruptcy and were not protected by the guarantee fund. It is the guarantee fund's position any injury incurred by self-insurers prior to July 1, 1989, will not become a liability of the guarantee fund. The deposit amounts in House Bill 465 may not be sufficient. There are approximately 20 self-insurers which may not be actively self-insured but were for some period in the past. They are still liable for those outstanding liabilities. She commented on sub (2) on Page 14 the department has the ability to obtain a larger deposit, but if the department finds the employer has lost solvency or financial ability to pay the department may not be able to obtain an additional deposit.

Senator Towe asked George Wood to comment on Ms. Ferriter's statement. Mr. Wood explained the question of the security deposit has to do with the solvency of the employer. Retroactive requirements of security deposits cannot be made. He explained for those since July 1, 1989, the responsibility for any bankruptcy falls with the guarantee fund. This language was only to say if the employer wishes to give more than the law requires it can be accepted.

Closing by Sponsor:

Representative Thomas suggested amending Page 14 Line 4 by inserting after the word "require", "or accept". He closed on House Bill 465. He asked that Senator Nathe carry House Bill 465 to the Senate.

EXECUTIVE ACTION ON HOUSE BILL 465

Motion:

Senator Nathe moved House Bill 465 BE CONCURRED IN as amended.

Discussion:

Senator Aklestad asked if there could be a retroactive requirement for fees and deposits.

Senator Towe commented they would be able to accept but not require after the effective date of the bill.

Senator Keating stated the department can only require the \$250,000 or the average of the three years or may accept a larger deposit offered.

Amendments, Discussion, and Votes:

Senator Aklestad moved to strike "require" on Page 14, Line 4 and insert "accept". Motion CARRIED with Senator Pipinich and Senator Towe voting NO. Senator Doherty was absent.

Recommendation and Vote:

Nathe motion to BE CONCURRED IN as amended CARRIED UNANIMOUSLY. Senator Nathe will carry House Bill 465 in the Senate.

EXECUTIVE ACTION ON HOUSE BILL 712

Motion:

Senator Aklestad moved House Bill 712 BE CONCURRED IN as amended.

Amendments, Discussion, and Votes:

Senator Blaylock moved to amend House Bill 712 on Page 1, Line 25 after the word "including" insert ", but not limited to". Motion CARRIED UNANIMOUSLY.

Discussion followed regarding the language on Page 2, Lines through Lines 3.

Senator Keating stated if an individual is "going into a risky job" they do not have to belong to the bargaining unit, but they can enter into a private with the employer which states the

ROLL CALL

SENATE LABOR AND EMPLOYMENT RELATIONS COMMITTEE

DATE 3/12/91

LEGISLATIVE SESSION

NAME	PRESENT	ABSENT	EXCUSED
SENATOR AKLESTAD	P		
SENATOR BLAYLOCK	P		
SENATOR DEVLIN	P		
SENATOR KEATING	P		
SENATOR LYNCH	P		
SENATOR MANNING			E
SENATOR NATHE	P		
SENATOR PIPINICH	P		
SENATOR TOWE	P		
Senator Doherty	P		

Each day attach to minutes.

Roll Call Vote on Pipinich motion CARRIED with five (5) YES (Senator Blaylock, Senator Doherty, Senator Lynch, Senator Pipinich, and Senator Towe), four (4) NO (Senator Aklestad, Senator Devlin, Senator Keating, and Senator Nathe).

Senator Doherty will carry House Bill 729 to the floor of the Senate.

EXECUTIVE ACTION ON HOUSE BILL 465

Motion:

Senator Keating moved to recede from previous amendments to House Bill 465. MOTION CARRIED UNANIMOUSLY.

Senator Pipinich moved new amendments to House Bill 465. MOTION CARRIED UNANIMOUSLY.

Senator Pipinich moved House Bill 465 BE CONCURRED IN as amended.

Recommendation and Vote:

Pipinich motion to BE CONCURRED IN as amended CARRIED UNANIMOUSLY. Senator Nathe will carry House Bill 465 to the Senate floor.

EXECUTIVE ACTION ON HOUSE BILL 204

Motion:

Senator Devlin moved to TABLE House Bill 204.

Discussion:

Senator Aklestad asked to take action on House Bill 204 as there are individuals at this meeting who wish to speak to the bill.

Senator Pipinich commented Montana Constitution has an eight-hour work day. Any hours over eight is overtime. House Bill 204 is extending this to four ten-hour days.

Senator Towe asked Ron Ommell, President of Ommell Construction in Billings to comment. Mr. Ommell stated House Bill 204 "picks on contractors only". He asked about agriculture. He explained the majority of the work in his company is under the Davis-Bacon prevailing wage which allows a 40-hour work week. No overtime is paid to an employee working 40 hours, in any combination. He told the Committee he has a union

ROLL CALL

SENATE LABOR AND EMPLOYMENT RELATIONS COMMITTEE

DATE 3/19/91

LEGISLATIVE SESSION

NAME	PRESENT	ABSENT	EXCUSED
SENATOR AKLESTAD	P		
SENATOR BLAYLOCK	P		
SENATOR DEVLIN	P		
SENATOR KEATING	P		
SENATOR LYNCH	P		
SENATOR MANNING			E
SENATOR NATHE	P		
SENATOR PIPINICH	P		
SENATOR TOWE	P		
Senator Doherty	P		

Each day attach to minutes.

SENATE STANDING COMMITTEE REPORT

Page 1 of 1
March 20, 1991

MR. PRESIDENT:

We, your committee on Labor and Employment Relations having had under consideration House Bill No. 465 (third reading copy -- blue), respectfully report that House Bill No. 465 be amended and as so amended be concurred in:

1. Page 14, line 4.

Following: "may"

Insert: ", in accordance with rules adopted by the department,"

Signed: _____

Thomas E. Towe, Vice Chairman

1991 3-20-91
And. Coord.

SA 3-20 12:30
Sec. of Senate

601119SC.SJI